

ON THE PROGNOSIS OF SECONDARY SYMPTOMS AND CONDITIONS OF EXOPHTHALMIC GOITRE.

By W. HALE WHITE, M.D.,
Assistant-Physician to Guy's Hospital.

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I HAVE collected together the following twelve cases of exophthalmic goitre, with a view of discovering what becomes of them after they leave the hospital. Wherever possible, I have visited the patients at their own homes; when that has not been possible, I have written to them.

It will be seen that five, of the twelve who have been in the hospital recently, are still alive. Sophie S. is cured of her Graves's disease, but she is hysterical, and says she suffers from gastric ulcer. She will not allow that she is well, so that it is difficult to say when she recovered, but she was certainly ill eight years. Jane A. is quite well, after three years' illness. Ellen H. I have not seen, but she seems well from what I can hear by writing. Alice M. G. is much better, being able to get about her work; but still has all the three cardinal symptoms. Ellen E. is well, excepting for a slight thyroid enlargement. She considers that she has been well four years, so that the illness would not have lasted more than two. From so few cases, it is difficult to draw any conclusions; but it would appear that, if a case be going to recover, the time in which it will do so averages about four or five years from the onset of symptoms.

Seven of the twelve are dead. Two died suddenly, for which no efficient cause was found on *post mortem* examination; one died from mitral regurgitation; one from a large axillary abscess, and probable blood-poisoning; one from gastric ulcer; one from consumption; and the friends did not know the cause of death in the seventh. The average duration of life, after the first appearance of symptoms, was $3\frac{1}{2}$ years; but this is probably only partially accurate, as the patients cannot always say when the disease began.

It will thus be seen that exophthalmic goitre is by no means a harmless malady; but, of the eleven who died, the death can only be attributed to Graves's disease in two—namely, those which died suddenly; for sudden death is always cardiac; and, as the patients had suffered from palpitation, it is only fair to assume that the same cause as set up the palpitation, in some way was the reason of the sudden death. In the mitral regurgitant case, the mitral disease seemed more related to the antecedent rheumatic fever than the exophthalmic goitre.

With regard to the treatment, Jane A., who did best of all the cases, had no treatment; Alice M. benefitted considerably from the local application of iced water; Ellen E. was treated with the continuous current, with a good result; Ellen H. did well on iron, digitalis, and belladonna; and Sophie S.'s account of her treatment, after leaving the hospital, is hardly trustworthy. It is noteworthy that the case which died of consumption was, as regards her Graves's disease, much improved by the application of the continuous current. Iron and digitalis are apparently useless, and there is not sufficient evidence to show the value of belladonna; but two of the successful cases took it whilst under treatment by other means, so, perhaps, it had some share in their recovery. The lesson to be learnt from these figures is, that the prognosis of Graves's disease is bad, for the patients are partly liable to death from sudden syncope, and also seem more likely to die from other causes, apparently unconnected with exophthalmic goitre; and, of those who do not die, many do not completely lose the disease. The best treatment would appear to be the continuous galvanic current and iced water. It was for this prognosis that I collected the cases; but they may be also utilised to show a few other points.

First, is the great preponderance of females, for there has only been one male case during the whole time we have had the twelve females. As regards neurotic tendencies, some patients are hysterical, one nervous, and two are liable to neuralgia; in many cases, no doubt, these points were not asked, for it may be taken that the usually stated association with neurotic tendencies is true; four cases, at least, had menstrual irregularities, and one patient stated that the exophthalmos was greater during the periods. The temperature was slightly raised in some cases (it was so in one in which the report does not mention the fact), and the pulse is accelerated out of proportion to the rise of temperature. The palpitation is usually the first symptom to appear (in two cases, it had existed all the patient's life); the enlarged thyroid and exophthalmos come second in order in about equal proportions,

the exophthalmos being last rather more frequently than the other; as a rule, all these symptoms come on within a few weeks of each other. The case of Alice M. G. is especially interesting, for I learn that the two sisters referred to also have exophthalmic goitre. Although it is not so well brought out as it should be in these abstracts, several of the patients suffer from wasting. In some cases, the eye is painful; but whether that is due to the conjunctivitis, or to the tension of the lids caused by the protrusion, is not stated.

I have grouped all the above facts together, because they are all known to be frequent accompaniments of exophthalmic goitre; but the second group of conditions to which I would direct attention is that of the lymphatic system. Four of the twelve cases died within the hospital; one of these four died from heart-disease, and, of the remaining three, all suffered from some affection of the lymphatic system; thus, in Charlotte S., the thymus was persistent, and Peyer's patches were particularly well marked; in Mary M., the thymus was enlarged and persistent, Peyer's patches and the solitary follicles of the whole intestine were much swollen, injected, and very prominent, and the intestine itself was considerably injected; in Eliza T., Peyer's patches at the lower part of the ileum were of a dark livid character, contrasting most strongly with the surrounding intestine, which was injected. Hitherto, sufficient notice has not been taken of this peculiar lymphatic condition and persistent thymus. At present, we know too little of the pathology of Graves's disease to be able to estimate the value of this condition, but as at Guy's Hospital we have often seen it, it would be well if other observers would see if they can confirm or disprove the observation. In connection with this part of the subject, it is to be noted that two patients had enlarged tonsils.

None of the necropsies on exophthalmic goitre mentioned here throw any light on the pathology of the disease, but all the evidence that is slowly accumulating is going to show that the lesion is central; this is the more probable, as the disease is often associated with mental disorder. With regard to the changes that have been stated to be present in the sympathetic system, anyone may easily convince himself that they do not exist solely in exophthalmic goitre; for, if the sympathetic be examined in a large number of cases, taken quite irrespective of the cause of death, these changes will be found more frequently present than absent.

Among my five living cases, not one shows any symptoms of myxœdema or thyroid atrophy; this is important, for it has been suggested that the thyroid atrophy is preceded by hypertrophy; if that be so, exophthalmic goitre does not represent the hypertrophic stage.

Appended are the cases, for the use of which I am indebted to several of my colleagues.

CASE I.—Jane A., aged 21, was admitted December, 1880, under Dr. Moxon. The family history was unimportant. Fifteen months ago, her friends noticed the prominence of her eyes, which were sometimes painful; soon afterwards, palpitation was noticed, and soon after that the enlargement of the neck. She was regular, and said that the exophthalmos was increased during the menstrual periods. On admission, there were enlargement of the thyroid exophthalmos, and increased pulsatile cardiac area; hæmic murmur; pulse 84, small, irregular. She remained in hospital only a few days. In April, 1886, I saw this patient; the eyes were hardly prominent. She said she was not troubled with her heart, and that she had no shortness of breath. She considers that she was well two years after leaving the hospital, and attributes her recovery somewhat to going to live at Hendon (she formerly lived in London). The thyroid gland could be felt, but would certainly pass for healthy. There was no palpitation, no murmur, and the heart was regular. She still suffered from neuralgia; no menstrual irregularities. She is unmarried; she has had no treatment.

CASE II.—Ellen H., aged 32, was admitted, under Dr. Habershon, October, 1877. Her family history was unimportant. Four months ago, her attention was called to her prominent eyes and large neck. Two months ago, she began to suffer from palpitation. She had had iron, which she said had benefited her. On admission, she had exophthalmos, with feeling of tension in the eyes. The thyroid body was large, but non-pulsatile; largest at night. There was a large area of cardiac palpitation, with loud hæmic murmur; pulse 124. She was treated with iron and digitalis and belladonna, and improved considerably. She was sent out in two months, with directions to continue to take belladonna. Since leaving the hospital, this patient has continued her work as a domestic nurse. She is better, and is at present in Holland.

CASE III.—Alice M. G., aged 13, had two sisters who had enlarged thyroids; one had a quick pulse. There was no nervous, phthisical, or rheumatic family history. Three years ago, enlarged pulsating neck and exophthalmos were noticed; they increased till now. On admission, there was much exophthalmos; the optic discs were healthy, and

the thyroid body was enlarged considerably, pulsating with a systolic murmur in it. All the vessels of the neck pulsated. There was a very large area of cardiac pulsation, with hæmic basic *bruit*; pulse regular, 136, diastolic. She was treated with frequent doses of belladonna and ice-water coils over the thyroid gland and heart. She improved very much, and all the three symptoms were much diminished. During the greater part of her stay in the hospital, the temperature was elevated, averaging about 100 or 101; this fell before she went out, which she did in two months. In April, 1886, I saw this patient. The eyes were less prominent; the right was hardly noticeable, the left slightly so. She was much stronger and better, and only had palpitation when she hurried; but there was a loud apical systolic murmur; no dyspnoea. The thyroid could still be seen to be enlarged. She did not suffer from neuralgia. There were no menstrual troubles, excepting that she said that occasionally she vomited blood at the menstrual period, and, when this was so, there were no menses, and she was not anæmic. She still lives at Greenwich, and has taken no medicine.

CASE IV.—Sophia S., aged 34, was admitted, under Dr. Pye-Smith, August, 1877. She was in Clinical Ward for exophthalmic goitre in 1869. Two years before that date, the neck began to swell, and six months afterwards, the exophthalmos was discovered, and then dyspnoea and palpitation. On neither of her admissions at the hospital was she at all benefited by treatment. There is nothing noteworthy about the case. In May, 1886, I saw this patient; the exophthalmos was hardly noticeable, but the patient said it varied. The thyroid would now pass for healthy. She said the palpitation was worse; the heart was regular, and there was no murmur. She complained of pain in the back and dyspnoea, but there was but little doubt that she exaggerated her troubles. She said the doctors had told her that she had gastric ulcer. She has always suffered from menstrual irregularities; now she has enlarged tonsils.

CASE V.—Ellen E., aged 20, was admitted, under Dr. Fagge, June 1880. Her family history was unimportant. In October, 1879, she first noticed thyroid enlargement; she had had exophthalmos for five months. On admission, there were considerable thyroid enlargement and exophthalmos; no excessive cardiac pulsation. Pulse quick and regular; she had amenorrhœa; for some time she was treated first with digitalis and then with ergot, but without any benefit. Then she was treated with the continuous current, as was the other patient, except that it was applied also over the eyelids. Under this treatment for three weeks and a half, the three prominent symptoms decidedly diminished. In May, 1886, I saw this patient, and found that the exophthalmos had so decreased as to be hardly observable; there was no palpitation, but the pulse was 144; this might, however, be due to the excitement of the examination. The thyroid was a little larger than normal. She said she was excitable, but she did not suffer from menstrual irregularities or dyspnoea. There was no Graefe's symptom. She considered that she had been well about four years.

CASE VI.—Emily P., aged 47, was admitted under Dr. Moxon in 1884. She had had rheumatic fever. She came in for dropsy and heart-disease. There was a moderate amount of exophthalmos. She died from her cardiac symptoms. At the *post mortem* examination, no exophthalmos was visible. The thyroid was very much enlarged; on section, it looked normal. There were a thick mitral valve, hypertrophy and dilatation of the right side of the heart, cirrhosis of the liver, and œdema of the lungs.

CASE VII.—Charlotte S., aged 20, was admitted, under Dr. Goodhart, in 1882, with the three usual symptoms of exophthalmic goitre; the palpitation had come on twelve months ago, the exophthalmos two months ago. On admission, a large thyroid body, with a murmur over it, was detected; there was also a hæmic murmur. The patient was up and about the ward, when one day, whilst another patient was having the electric current applied, she asked to be allowed to try it; and, on the current passing, she fell back dead, laughing and talking only an instant before she died. At the *post mortem* examination, the thymus was found to be persistent. The thyroid was much enlarged, extending back behind the œsophagus, so as to leave only a quarter of an inch between the two lobes; on section, it appeared healthy. Both cardiac ventricles were dilated. The cardiac muscle and valves were normal. Peyer's patches were particularly well marked.

CASE VIII.—Kate R., aged 27, was admitted in March, 1881, under Dr. Taylor. One sister died of phthisis. Five years ago, she first noticed prominence of her eyes, and enlargement of the thyroid body, with a drumming in the ears. Soon afterwards, palpitation came on. All the symptoms were worse during excitement. On admission, the thyroid body was much enlarged and pulsating, with a murmur over it. There was considerable exophthalmos. The optic discs were healthy. There was a large pulsatile cardiac area; no murmur. She

had amenorrhœa, and was wasted and anæmic. She was treated for a short time with digitalis, but afterwards with a mixture containing fluoric acid, quinine, and iron. She left the hospital in two months, the condition being unaltered. I have heard from her friends that this patient died on October 7th, 1882; but I cannot find out from what disease.

CASE IX.—Clara G., aged 24, was admitted in 1882. She married at 16; had had no mental trouble. Her mother died of phthisis; one sister had chorea; there was no family history of exophthalmic goitre. Fifteen months ago, she began to suffer from palpitation of the heart. A year ago, swelling in the neck was observed. She had recently suffered from attacks of loss of speech and epistaxis. On admission, there were much exophthalmos, slight inequality of the pupils, injection of the conjunctive, and Graefe's symptom; the sight was good; the eyes were said to vary in size. The thyroid body was very much enlarged; the isthmus was distinctly visible; there was a loud rasping systolic murmur over the thyroid. The pulsatile cardiac area was very extensive. There was a venous hum. Pulse 152. She had amenorrhœa; was not pregnant. She was very nervous and hysterical. The optic discs were normal. She was treated with ten-minim doses of tincture of belladonna thrice daily; and the continuous current was applied, the negative pole being placed over the fifth cervical vertebra, and the positive was moved about over the sterno-mastoid muscle. She remained in five weeks, and left with the exophthalmos and pulsation all much diminished. I visited this patient's friends, and found that she died of "consumption" on November 28th, 1882. After leaving the hospital, the exophthalmos diminished, but the enlarged thyroid body and palpitation remained the same. She drank largely.

CASE X.—Annie E. E. was admitted April, 1877, under Dr. Moxon. Her family-history was unimportant. She had always suffered from palpitation. For some time past, the swelling of the neck and protrusion of the eyes had been noticed. There was much thyroid enlargement and exophthalmos, the left eye being more prominent than the right. There was a large pulsating cardiac area, with pulmonary systolic murmur. Pulse 160. She was treated with digitalis; but left the hospital, after a month's stay, unimproved. I have seen this patient's friends, and they state that she died, in 1884, from "gastric ulcer." The exophthalmos and palpitation increased; the goitre remained the same till three weeks before death, when it disappeared altogether. She suffered much from neuralgia and menstrual irregularities.

CASE XI.—Eliza T., aged 22, was admitted, under Dr. Wilks, November, 1876. Her family-history was unimportant. The patient had always been delicate, nervous, and a sufferer from palpitation. She seemed to become stronger at puberty. Three months ago, she had a severe cold; very soon after this, the thyroid enlarged, became pulsatile, and exophthalmos appeared. About a month ago, these symptoms became worse, diarrhœa came on, and the patient began to lose flesh. On admission, she had much exophthalmos and a large thyroid, pulsatile, with murmur over it. There were crepitation and a basic systolic murmur. Pulse 120; temperature 102.4°. She was treated with digitalis and iron. After a few days' rest, she became better; but soon got into a stationary condition, with a temperature about 100° and pulse about 120. After she had been in the hospital four months, a large axillary abscess developed; it was opened, but she sank and died. At the *post mortem* examination, the orbits appeared quite normal; there was no marked excess of fat. The heart weighed 10 ounces and was healthy. There was a considerable amount of double basic broncho-pneumonia. The whole of the intestine was intensely injected, and the Peyer's patches at the lower part of the ileum were of a dark livid character, contrasting most strongly with the injected intestine. There was nothing noteworthy in the abscess in the axilla. Dr. Goodhart, who made the *post mortem* examination, was inclined to look upon the case as one of blood-poisoning, accidentally complicating exophthalmic goitre.

CASE XII.—Mary M., aged 21, was admitted, under Dr. Fagge, in July, 1880. Her family-history was unimportant. She had bronchitis two years ago. Three months ago, the thyroid body began to swell; exophthalmos appeared. These had increased rapidly, and so also had her great weakness. On admission, there were much exophthalmos and thyroid enlargement, and an enlarged pulsatile cardiac area. Pulse 112, very irregular. Ergot was injected into the gland. After she had been in three weeks, she died quite suddenly. At the *post mortem* examination, it was noticed that the thymus was enlarged and persistent; it was fully four inches long. The thyroid body was much enlarged. The heart weighed nine ounces, and seemed normal. The tonsils were flabby, large, and succulent. Peyer's patches and the solitary follicles of the whole intestine were much swollen, in-

jected, and very prominent; the intestine itself was considerably injected.

THE TREATMENT OF FRACTURES OF THE PATELLA.

By FREDERICK TREVES, F.R.C.S.,

Surgeon to, and Lecturer on Anatomy at, the London Hospital.

THERE are few fractures upon the treatment of which more ingenuity has been expended than upon fractures of the patella. Every period of surgical activity has added to the number of curative appliances at the disposal of the surgeon. Within the last few years, certain operative procedures have been devised for the treatment of this lesion that, although they have been extolled by many, have not been accepted by all, and have certainly not passed into the undisturbed territory of routine practice.

From these facts, it is to be inferred that the methods for dealing with this common injury are not yet entirely satisfactory, and that the discussion of the subject is not yet closed. There are certain cases where the fracture is transverse, and where the fibrous expansions by the side of the bone are un torn, that present so little disturbance of parts, that the mere securing of the limb upon a straight back splint is a fairly sufficient treatment. It must be owned also that, in examples of this lesion of a less uncomplicated character, satisfactory results are obtained by the various combinations of splints and strapping that are very generally in use. The employment also of Malgaigne's hooks applied to felt discs, moulded over the two fragments, has met with a certain success. Of these various measures, however, it may be said that their use requires constant care, that the results obtained in cases of apparently equal severity are not uniform, and that, in not a few instances, they prove more or less inefficient.

The operative measures recently introduced are thus thrust into notice. The first of these is that known as Lister's operation. Here the knee-joint is opened, and its contents evacuated, the broken surfaces are well bared, and the fragments united by a wire inserted through drilled holes. To ensure the success of this operation, the knee-joint must be carefully drained. One great point in its favour is that it allows the surgeon to get rid of certain real or supposed obstacles to sound union—the fibrous fragments that may find their way between the bone ends, the effusion in the joint, and the blood-clot.

The objections to the measure are these. The operation is somewhat extensive, and not without risk; an anæsthetic is required; one median suture is employed, and, where the fracture is irregular, that alone may not serve to maintain true contact. In some cases, this treatment has failed. I have employed it in one instance only. The patient was a muscular man, engaged as a mill-stone maker. All the ordinary means to secure apposition failed. With the suture (that was retained) perfect contact was brought about, and the parts healed without disturbance, and without rise of temperature. Two years have now elapsed, and the man, although engaged in very laborious work, has what is, apparently, a normal patella, and full use of the knee-joint.

In the second operation, no skin incision is made, and the joint is not drained. By means of a long curved needle in a handle, a silver wire is passed through the joint under the fragments, and is so adjusted that, when the two free ends are twisted together over a pad on the skin, the broken bones are drawn into contact. In this measure an anæsthetic has to be employed; a wire seton is carried through the articulation, the fragments are held together in one line only, and, in irregular fractures, this may not serve to maintain the most perfect position. This plan appears to have met with substantial success in the hands of several surgeons, and it would be premature to criticise it until more data are forthcoming.

The mode of treatment that I would propose, and that, I think, is the most satisfactory, is one that I have now adopted in all cases admitted into my wards at the London Hospital during the past twelve months. It consists, simply, in the employment of Malgaigne's hooks in the manner in which they were originally intended to be applied.

Theoretically, it is difficult to conceive a better means of bringing the fragments of a broken patella together. Upon simple mechanical grounds, the hooks can certainly claim an advantage over the single median wire. The points of the hooks are sufficiently wide apart to secure a good and even hold of the bones. The fragments are rigidly held, and are forced together in a horizontal plane. Any yielding on

the part of the bones or the instrument can be met, if necessary, by a daily screwing together of the hooks to an extent to compensate for that yielding. A faulty application, in the first instance, can be rectified without difficulty at any subsequent period, an advantage that the wire does not possess. Since a wider hold is obtained of the fragments, Malgaigne's hooks can be used in examples of irregular fracture, and even in certain cases of starred fracture. The hooks, when once applied, require little or no attention, and the whole apparatus is of the simplest character.

Malgaigne's instrument has met with little favour, and the use of it was practically abandoned within a short time of its introduction. Its failure depended simply upon this. The points of the hooks excited suppuration, and, as the upper pair of hooks is probably always passed through the synovial membrane, that suppuration often spread to the joint, and led to the most calamitous results. Apart from this, the inflammation excited about the punctures was an abiding source of discomfort, even if it kept beyond the limits of the joint. These causes of failure have been removed by antiseptic surgery, and with their disappearance must vanish the chief objections to this, the most perfect mechanical appliance for adjusting the fragments of a broken knee-cap.

The other advantages of this mode of treatment may be briefly stated. No anæsthetic is required; the maintenance of the apparatus causes no inconvenience, and, before the hooks are inserted, the fluid in the joint can be conveniently evacuated.

The following is the method that I adopt. The limb is secured upon an ordinary straight back-splint, so as to keep the knee fully extended. The splint has a foot-piece, which prevents any shifting, and is secured to the limb by straps and buckles. Neither in this nor in any other fracture do I use plaster for the purpose of securing splints. Straps of fine webbing hold well to the limb, and can be adjusted, tightened, or loosened, as often as required. The lavish use of plaster in some compound fractures of the lower limb has much to answer for. The knee, after being washed, is well purified by carbolic acid. The position of the patella is carefully marked out in pencil on the skin, and the sites for the points of the hooks indicated. It is important that the hooks should enter the bone at equal distances from the median line. Four punctures are now made with a sharp tenotome at the points at which the hooks are to enter. In each case, the instrument should be passed down to the bone. The two upper punctures will open the synovial cavity, and through them the fluid in the joint is very easily evacuated. The two lower punctures are without the joint. As soon as all fluid has escaped, the hooks are applied. They should be scrupulously clean, and highly polished, and should be kept in carbolic water while the punctures are being made. The two parts of the apparatus must be separated, and each portion applied by itself. It is not until the hooks have acquired a good hold of the bones that the two segments of the instrument should be screwed together. It is better to apply the lower hooks first. When well fixed, they must be kept firmly in position by an assistant. There is often difficulty in inserting the upper hooks. Finally, the two segments are screwed together, so that the fragments of the patella are brought into close contact. There is a disposition for the upper end of the apparatus to "ride" a little. This is corrected by passing a tape over the upper hooks and under the knee, and fixing it by a leaden clamp. This tape can be tightened, if necessary, from time to time.

I have always performed this little operation under the carbolic spray. In no case has an anæsthetic been administered, and no patient has complained that the pain of the proceeding was other than could be well borne. After the hooks are secured, the spray is discontinued, and the four punctures are well covered with iodoform. It is advisable to see that the screw of the apparatus is protected from the powder, and kept well oiled, so that the hooks may be readily moved if occasion should arise. The limb is now placed upon an inclined plane, to which the splint is lightly secured.

One matter remains. I think it very important that the limb—or, at least, the knee—should be kept always fully exposed to the air. In all cases of wound or ulcer of the lower extremity, and in all cases of compound fracture of that part, I make it a rule that the damaged region be kept open to the air, or, at least, never covered by the bed-clothes. It is notorious that wounds and ulcers of the lower limb do not heal so readily as do like lesions of the arm and forearm. This can hardly be explained by the condition of the circulation in the two parts. Any adverse influence in this direction can, to a great extent, be met by supporting the leg upon an inclined plane, and so giving to the venous circulation the assistance of gravitation. The real cause of the differences in the progress and character of the healing is more probably to be ascribed to the atmosphere in which the

lower extremity is kept. The limb is covered by the bed-clothes. It lies in a close, confined, and heated atmosphere. That atmosphere, moreover, is apt to become noxious from time to time, when the bed-pan is used, and under other circumstances. If there be truth in the principles that underlie antiseptic surgery, then the ill-healing of wounds of the lower extremity can be in part, at least, explained.

Since I have made a practice of keeping all open wounds of this part exposed, I have had reason to be convinced that their healing has been hastened. The non-injured part can be kept warm in the winter by cotton-wool, but I have heard of no complaint under this head.

In the case of the patella, the apparatus is always exposed to view, and the hooks are not liable to be displaced by the bed-clothes or cradle.

With regard to after-consequences, in the cases so far treated, there has been no rise of temperature, no complaint of pain, no suppuration about the punctures, no trouble in the joint. I have removed the hooks at the end of six weeks. In one case (in order to test the question of long retention of the hooks), they were maintained in position for eight weeks without any inconvenience. The union, in each instance, appeared to be firm and secure, and the interval between the fragments was not readily made out.

The treatment has not yet been adopted in a sufficiently large number of cases, or extended over a sufficiently long time, to test its ultimate value, but its immediate effects appear to justify a comparatively early notice of the matter.

SALPINGECTOMY: WOUND OF BLADDER: RECOVERY.

By JAMES MURPHY, M.A., M.D.,

Surgeon to the Sunderland Infirmary.

DORA W., aged 24, unmarried, was placed under chloroform at the Sunderland Infirmary, for the removal of a pyosalpinx of each side. On August 8th, 1885, no catheter was passed, as recommended by Dr. Keith; and I made the usual ovariectomy-incision through the skin and muscles, commencing an inch below the umbilicus, and terminating an inch and a half above the hair on the pubis. On reaching what appeared to be the peritoneum, I picked up a small portion of it, and nicked it through, when about fifteen ounces of clear urine escaped; and, on introducing my finger through the wound, I found I had cut into the bladder, owing to its being adherent to and reflected right in front of nearly the whole tumour. Scarcely had I done this, than the breathing, which had suddenly become stertorous, ceased altogether, and the radial pulse could not be felt. The tongue was at once forcibly drawn out by a Kœberlé's forceps, the head and shoulders lowered over the end of the table, and artificial respiration produced; but it was some minutes before natural respiration was resumed, and radial pulsation returned.

The position of affairs was not a pleasant one: a patient in *articulo mortis* from chloroform; a wound in the bladder; and, behind, two tumours, which could be felt firmly and immovably fixed in the pelvis; and I am not sure that it would have been imprudent surgery to have contented myself with closing the vesical and abdominal wounds, as I had not then opened the peritoneum. But one is loath to leave an operation unfinished; so I had ether substituted for chloroform, and at once closed the opening in the bladder by a continuous suture of fine catgut, the stitches being very close together, and the edges of the bladder slightly inverted. I then cut through the peritoneum higher up, and found two smooth and similar tumours, about the size and shape of small cocoa-nuts. On plunging the trocar into the left one, thin pus shot out through the tubing, and the tumour collapsed. The opening was quickly closed with a Nélaton's cyst-forceps, and I proceeded to enucleate the tumour, which was a matter of much difficulty; as, except for a space the size of a florin round the opening, it was adherent round its whole surface to pelvis, omentum, intestines, uterus, and bladder. No pedicle could be found; but all bleeding points were rapidly seized by Kœberlé's forceps, and afterwards secured by fine carbolised catgut. The tumour on the right side was not quite so adherent, and was removed without emptying its contents, a sort of pedicle being secured with carbolised silk. All bleeding points having been tied, the peritoneal toilet was carefully performed, and the abdominal wound closed; a drainage-tube, with India-rubber sheeting and sponge, after Keith, being used. The operation, which lasted an hour and twenty minutes, was performed with thorough Listerian precautions, including the spray playing freely over the wound.

The patient was then placed in bed, a soft red silk No. 12 catheter having been introduced, which was attached to a piece of tubing, passed underneath the patient's thigh, guarded from pressure by a firm pad of lint on each side, and of sufficient length to reach to within a couple of feet of a tray placed on the floor, and arrangements were made for a sister to watch this constantly, night and day, as long as necessary, with instructions to at once ring for the house-surgeon, should the urine cease flowing.

The patient rallied fairly well, but had widely dilated pupils, and a very anxious and jaundiced aspect, with constant vomiting for several hours. She soon complained of severe pain in the epigastric region, which was relieved by a hypodermic injection of morphine; and at 10 P.M., eleven hours after the operation, the vomiting had almost ceased, she was nearly free from pain, and had passed two ounces of urine tinged with red blood and a few small clots; her temperature was under 100°. At 2 A.M., matters were about the same. She had passed an ounce of urine, but had not slept. At 7 A.M., she looked much better, had slept a few hours; the pain and sickness were gone. The urine was more free from blood, its quantity was an ounce; temperature 100.4°. She had four injections of beef-tea during the night, each measuring an ounce, and had sipped a few teaspoonfuls of very hot water; no flatus was passed. About two ounces of red serum were removed from the drainage-tube, under the spray, which was always used when the wound was exposed. During the day, August 9th, all went on well. In the first twenty-four hours she passed eight ounces of urine, which towards evening was of natural colour and free from blood; and at night her temperature was 101.4°, and she had passed flatus freely. An ounce of serum was removed from the drainage-tube.

August 10th, morning temperature, 100°; evening temperature, 101.6°. The urine passed in twenty-four hours was ten ounces; it was clear, and straw-coloured. She vomited once. There was severe pain in the epigastric region, at noon, relieved by hypodermic injection of morphine. There was only a teaspoonful of clear serum in the drainage-tube, which was itself now removed.

All promised well up to August 18th, when, in the afternoon, while feeling remarkably well and free from pain, she told the sister something was trickling down her legs, and on my being telephoned for, I removed the dressings, and found that the portion of the wound where the drainage-tube lay had opened, and a large quantity of dark, grumous, aseptic blood, in appearance like menstrual fluid, was freely welling up through it. I removed as much as I could; but, as it continued to flow, I placed a large pad of absorbent iodoform wool over it, and secured it with a gauze bandage. There had not been, nor was there then, or subsequently, a rise in temperature or pulse, which was quiet and steady. This flow continued for three days, necessitating frequent change of dressing, and then it was followed by a small discharge of serum, which continued to a very slight amount till the following March. The small fistula then closed and remained closed.

On September 5th the catheter, which had given no trouble the whole time, was removed, and introduced frequently for the few following days, and the patient left the hospital shortly afterwards quite strong and well; she resumed her work as dressmaker, and is now in perfect health, and has never had the slightest urinary trouble. For this result I am very largely indebted to our house-surgeons, Messrs. Maitland and Maling, as also to sisters May, Carry, and Kathleen, as it would have been unattainable but for their constant and devoted care and attention in the after treatment.

ORAL INSTRUCTION OF THE DEAF AND DUMB.—The success of the system of oral instruction of the deaf and dumb, pursued under the direction of Mr. Van Praagh, at his institution in Fitzroy Square, was strikingly shown on the occasion of the annual distribution of prizes, when classes of pupils—all deaf-mutes—were examined in various subjects with the greatest success. This institution consists of a school and training college for teachers; and between sixty and seventy day pupils, male and female, are now receiving instruction. The system of teaching rigidly excludes the finger-alphabet and all artificial signs, the scholars being taught to speak intelligibly, as well as to understand the spoken language of others, by means of lip-reading. This system enables them to take their place among the working members of society. The children, too, either reside at home with their parents and guardians, or are boarded out with private families selected by the director. The training of teachers has been one of the main objects of the Association, and they have been able to supply fully qualified teachers to the London School Board and other public bodies.

TUESDAY, AUGUST 10TH, 1886.

2 P.M.—Meeting of 1885-6 Council.

3 P.M.—General Meeting. Report of Council and other business. Adjourn at 5 P.M.

8 P.M.—General Meeting. President's Address, and any business adjourned from meeting at 3 o'clock.

WEDNESDAY, AUGUST 11TH, 1886.

9.30 A.M.—Meeting of 1886-7 Council.

11.0 A.M.—Second General Meeting. Address in Medicine.

2 to 5 P.M.—Sectional Meetings.

8 P.M.—A *Conversazione*.

THURSDAY, AUGUST 12TH, 1886.

9.30 A.M.—Meeting of Council.

11 A.M.—Third General Meeting. Address in Surgery. Presentation of Gold Medal for distinguished merit; and Stewart and Middlemore Prizes.

2 to 5 P.M.—Sectional Meetings.

6.30 P.M.—Public Dinner.

FRIDAY, AUGUST 13TH, 1886.

10 A.M.—Address in Public Medicine.

11 A.M.—Sectional Meetings.

4 P.M.—Concluding General Meeting.

8 P.M.—Reception.

SATURDAY, AUGUST 14TH, 1886.

Excursions.

The general meetings will be held in the Dome, and the Sections and Committees will meet in the Pavilion.

The entrance-hall to the Pavilion will be fitted up as a Reception-Room, and will be opened at 12 o'clock noon on Monday, August 9th, and on the following day at 9 o'clock in the forenoon, and will remain open until 6 o'clock in the afternoon of each day, for the issue of tickets to members, and for supplying all necessary information.

*** It is particularly requested that gentlemen on their arrival will at once proceed to the Reception-Room, and (1) enter name and address, and obtain tickets and programme; (2) inquire for letters and telegrams; (3) consult the list of lodgings and hotels, etc.*

The following discussions and papers are promised up to the present time. Members desirous of reading papers, or joining in the discussions, are earnestly requested to communicate, without delay, with the Secretaries of the respective Sections.

SECTION A.—MEDICINE.

The following subjects have been chosen for special discussion.

1. Cases in which Disease of the Valves of the Heart has been known to exist for upwards of five years, without causing Serious Symptoms. Introduced by Sir Andrew Clark, M.D., F.R.C.P., F.R.S., London. The following gentlemen have promised to take part in the discussion: Drs. Gairdner, Clifford Allbutt, B. Foster, Douglas Powell, Sir Dyce Duckworth, M. Bruce, Burney Yeo, Skerrett, Saundby, Sansom, Tyson, Thomas, S. Mackenzie, D. J. Leech, Bernard O'Connor, S. Bristowe, and Oliver.

2. On the Effects produced by Gall-stones, with particular reference to some Rarer Points in their Symptomatology. Introduced by W. Ord, M.D., F.R.C.P., London. The following gentlemen have promised to take part in the discussion: Drs. Clifford Allbutt, B. Foster, Pavy, Shingleton Smith, Saundby, Sir Peter Eade, M.D., S. Bristowe, R. Eardley-Wilmot, M.B., and Ralfe.

Dr. Radcliffe Crocker will give a Demonstration in the Removal of Hairs by Electrolysis.

The President of the Section will deliver his Address on August 12th.

The following papers are promised.

CHURTON, T., M.D. Two Cases of Non-diabetic Acetonuria.
COUTTS, J. A., M.B. Latter Effects of Rickets.
CULLIMORE, D., M.D. Tropical Hepatic Abscess.
CROCKER, H. Radcliffe, M.D. A New Treatment for obstinately recurring Eczema.
DRYSDALE, C. R., M.D. The Treatment of Phthisis.
DUCKWORTH, Sir Dyce, M.D. Inadequate Treatment of Anæmia.
EYLANDT, J. E., M.D. (Reval). Treatment of Diphtheria.
GAMGE, A., M.D. On Compressed and Rarefied Air.
HALL, F. de Havilland, M.D. Meningitis as a complication of Pneumonia.
HANDFORD, H., M.D. Menstruation and Phthisis.
KIRK, Robert, M.D. On Urine which darkens with Alkalies occurring in three Members of the same family, and will show Crystals of an Acid obtained from the Urine in these Cases. 2. On so-called Peptone in the Urine.
MANTLE, A., M.D. Etiology of Rheumatism considered from a Bacterial Point of View.
MCVAIL, D. C., M.B. The Physical conditions that underlie the Thoracic Percussion Sounds.
MOXON, W., M.D. Effects of Turpentine, Ergot, and Water, on Albuminuria.
MYRTLE, A. S., M.D. Chronic Inflammation of Mucous Membrane of Pyloric end of Stomach, Duodenum, Common Gall-duct, and Bladder, their Symptoms and Treatment by Harrogate Waters.
OLIVER, T., M.D. On the Relationship of Urea to certain Diseased Processes.
PLAYFAIR, W. S., M.D. Some observations on what is called Neurasthenia.
RALFE, C. H., M.D. Functional Albuminuria.
RENDALL, Stanley, M.D. Therapeutic Action of the Waters of Aix-les-Bains.
SAVAGE, George H., M.D. Mental Symptoms with Locomotor Ataxy.
STRAHAN, J., M.D. Intestinal Ulcers and their Treatment, more especially by Arsenic.

WEST, Samuel, M.D. Hæmaturia in Granular Kidney.

WHITE, W. Hale, M.D. Inexplicable Pyrexia.

WHITTLE, E. G., M.D. Melancholia and Insomnia in the Sane. Treatment.

SECTION B.—SURGERY.

The President will deliver the address on Wednesday 11th, at 2 P.M. Sir Henry Thompson will open a discussion on Suprapubic Lithotomy. The following gentlemen will take part in the discussion: Messrs. W. Cadge, Reginald Harrison, Professor Humphry, Berkeley Hill, T. R. Jessop, Greig Smith, W. Pye, Barwell, Bruce Clarke, Edward Lund, Walter Whitehead, Jacobson, and J. Ward Cousins.

The following papers are promised.

HARLEY, George, M.D., F.R.S. Hepatic Phlebotomy and Puncture in Hypertrophic Congestions of the Liver.

IMLACH, Francis, M.D., Liverpool. A Case of Renal Hydatids.

TAIT, Lawson, Esq. Surgical Treatment of Diseases of the Liver.

Mr. Jennings will take part in the discussion.

THORNTON, J. K., Esq. The Surgery of the Liver.

WILLETT, A., Esq., and MEREDITH, W. A., Esq. Cholecystotomy.

Messrs. Macnamara, Morris, Bellamy, Jessop, and Professor Gastin, of Georgia, will take part in the discussion.

HORSLEY, Victor, M.B. A paper, illustrated by Photographs illuminated by the Lime-light, in connection with the Advances in the Surgery of the Central Nervous System.

Mr. E. Bellamy and Dr. Hughes Bennett will join in the discussion.

ADAMS, W., Esq. On the Treatment of Congenital Displacement, the so-called Congenital Dislocation of the Hip-Joint, by long-continued Recumbency and Extension; and will show his New Extension Couch.

ANDERSON, W., Esq. On Treatment of Aneurysm by Galvano-Puncture, illustrated by cases.

BENTON, S., Esq. Fistula in Ano of the Horse-Shoe Shape.

CARTER, Jas. F., Esq., F.R.C.S. Edin. On the Accessory Organs of Generation in the Male.

CLARKE, Bruce, Esq., and STEAVENSON, W. E., M.D. The Employment of Electricity in the Treatment of Diseases of the Urinary Organs.

COUSINS, J. Ward, M.D. A new Mouth-gag with Throat-Guard.

DENFSEY, Alexander, M.D., A case of Orbital Aneurism.

FAGAN, —, Esq. Notes on Gunshot Wounds.

FITCH, Simon, M.D. (Nova Scotia). The Dome-Trocar and associated Instruments in Paracentesis, Aspiration, Transfusion, Ovariectomy, and Tunnelling the enlarged Prostate.

HARRISON, Reginald, Esq. On the Treatment of Urethral Stricture by Internal and External Urethrotomy combined.

JACKSON, T. Vincent, Esq. Will speak on Supra-pubic Lithotomy.

JESSETT, F. B., Esq. Surgical Treatment of certain Tumours of the Neck.

KEETLEY, C. B., Esq. Further Remarks on the Radical Cure of Hernia by Injections into the Inguinal Canal.

KIRK, Robert, M.D., Glasgow, will show his Vapour-Pressure Injector, and read Notes of Cases treated by it.

MARSH, —, Esq. A Case of Abscess of the Liver, opened by free Incision.

OWEN, Edmund, Esq. Psoas Abscess: when and where to evacuate it.

PYE, W., Esq. A Case of Multiple Papilloma of the Bladder, removed by the Suprapubic Operation. 2. Two Cases of Suprapubic Cystotomy.

ROBERTS, —, M.D., New York. On the Diagnosis and Mechanical Operative Treatment of Knock-knee, and Bow-leg deformity; at the same time making a demonstration of the Cutting qualities of his Electro-Osteotome.

SMITH, Noble, Esq. On Obscure Disease of the Spinal Column.

STARTIN, James, Esq. The Surgical Treatment of Acne and Lupus.

SYMMONS, Charters J., M.D. The Treatment of Malignant Stricture of the Oesophagus by Tubage.

SYMPTON, Thomas, Esq. A Case of Myositis Ossificans.

WALSHAM, W. J., Esq. Cases of Abscess of the Liver opened by free Incision.

WHITEHEAD, Walter, Esq. Three Hundred Consecutive Cases of Hæmorrhoids cured by Excision.

SECTION C.—OBSTETRIC MEDICINE.

The President will deliver a short address.

The following two special discussions will take place.

1. The Alternatives to Craniotomy. This discussion will be introduced by Dr. Robert Barnes; and Professor Porro, Dr. Halliday Croom, Dr. E. T. Davies, Liverpool; Dr. Walter, Manchester; Mr. Greig Smith, Clifton, and others, will be among the speakers.

2. On Removal of the Uterine Appendages. Papers will be read by Dr. Savage, Birmingham; Dr. More Madden, Dublin; and others; and Dr. Bantock; Dr. E. T. Davies, Dr. G. Elder, Nottingham, and Dr. Imlach, Liverpool; Dr. Walter, Manchester; Mr. Lawson Tait, Birmingham; Mr. Vincent Jackson, Wolverhampton, and others, will take part in the discussion.

The following papers are promised.

AVERING, J. H., M.D. A Case of Extra-uterine Gestation arrested by Electricity.

BALLANTYNE, J. W., M.B., Edinburgh, Sphygmographic Tracings in Labour and the Puerperium.

BARNES, Fancourt, M.D. On Perinaorrhaphy.

BEVERLEY, Michael, M.D., Norwich. Cases of Laceration of Os Uteri treated by Emmet's operation; Three Cases of Prolapsed Uteri treated by Emmet's operation.

BLACK, J. Gordon, M.D., Harrogate. The Use of Stem-Pessaries.

BRAITHWAITE, J., M.D. A Method of Treating certain Cases of Amenorrhœa, and Scanty Menstruation.

DOLAN, T. M., M.D. Obstetric Experiences with Observations.

EDIS, A. W., M.D. Cases illustrating the Difficulties of Diagnosis in Gynæcological Practice.

- ELDER, G., M.D. A Case of Vesico-vaginal Fistula.
 EMMET, T. C., M.D., New York. On certain mooted points in Gynaecology.
 GRIGG, W. C., M.D. On the Antiseptic Use of Bichloride of Mercury in Obstetric Practice.
 HANDFIELD-JONES, M., M.B. Scanty Secretion of Liquor Amnii in the Early Months of Pregnancy, and its Bearing on Diagnosis.
 HART, D. Berry, M.D. Successful Case of Abdominal Section for Ruptured Fallopian Tube Fœtation, with Microscopic Examination of the part of the tube removed.
 HEWITT, W. M. Graily, M.D. The Early History and Etiology of Uterine Flexions and Displacements.
 KINKEAD, R. J., M.D., Galway. Craniotomy and Cæsarean Section.
 LUSK, W. T., M.D. (New York). The Proper Moment for the Performance of Gastrostomy in Abdominal Pregnancy.
 ROUTH, C. H. F., M.D. On some Points of Difficulty as affecting Medical Men in Cases of Hysteria with Erotic Symptoms.
 WALTER, W., M.D. A Case of Uterine Myoma causing obstruction of the Bowels treated by the Removal of the Appendages.

SECTION D.—PUBLIC MEDICINE.

The general subjects for discussion are the following.

1. Scarlet Fever; its Causation, and the best Sanitary Measures for Dealing with the Disease as it exists among Urban Populations. Dr. Ewart, of Brighton, will open this discussion. Dr. W. Squire will take part.
2. On the Duration of Infectiousness in the following Infectious Diseases: Scarlatina, Small-pox, Measles, Mumps, and Diphtheria. Dr. A. Ransome, of Manchester, will open this discussion. Dr. E. W. Hope, of Liverpool; Dr. T. F. Pearce, Haslemere; and Dr. W. Squire, will take part.
3. Diphtheria in Rural Districts: (a) Causation; (b) Influence of Soil upon the Disease. Dr. C. Kelly will open this discussion.
4. Reports of Water Analyses: the best Method of Stating these so as to secure one Uniform Plan. Dr. Whitelegge will open this discussion.

Dr. Edgar Crookshank will exhibit the various apparatus employed in a Bacteriological laboratory, and give demonstrations of cultivations, microscopic preparations, and photographs of bacteria.

The following papers are promised.

- ASHBY, H., M.D. On the Duration of Infectiveness in Scarlet Fever.
 BOOBYER, P., M.B., Nottingham. Scarlet Fever in relation with the disturbance of Impure Subsoil and the Construction of Sewers.
 CARPENTER, A., M.D. The Causation of, and on the Quarantine which is necessary to be observed in, Scarlatina.
 CORNISH, W., Surgeon-General. On an Outbreak of Cholera amongst British Emigrants proceeding from London to Queensland in the steamship *Dorunda* during November and December, 1885.
 DRYSDALE, C. R., M.D. 1. On Animal Vaccination. 2. Sewage Pollution of the Thames.
 EVATT, Surgeon-Major G. J. H. On the Medical Department of an Army Corps in War, with proposal for a more efficient Volunteer Medical Organisation.
 HANDFORD, H., M.D., Nottingham. Death-rate of Enteric Fever.
 KERR, Norman, M.D. On Hydrophobia, and its Prevention.
 PAGET, C. E., Esq. The Influence of Acute, supposed Simple, Sore-Throat in the Spread of Diphtheria.
 PEARSE, T. F., M.D., Haslemere. On the Periods of Incubation of the principal Exanthemata.
 PRINOLE, Surgeon-Major R., M.D. 1. The Advantages and Disadvantages of Human and Animal Lymph compared. 2. State Vaccination, with special reference to the Compulsory Clauses in the Vaccination Acts.
 SEATON, E., M.D. A paper on Scarlet Fever.
 SQUIRE, W., M.D. On the Influence of Increased Means of Isolation upon the Prevalence of Scarlet Fever in London.
 TATHAM, J., M.D. Scarlet Fever, and the best Means for its Prevention amongst Urban Populations.
 TAYLOR, Michael, W., M.D., London, formerly Penrith. Diphtheria in Connection with Damp and Mould.
 VACHER, F., Esq. Duration of Infectiousness in the Exanthemata and Allied Diseases.
 WHITELEGG, B. A., M.D. Reports of Water Analyses.

SECTION E.—PSYCHOLOGY.

The President, Dr. T. S. Clouston, will deliver an address on the Relationship of Bodily and Psychical Pain.

The following papers are promised.

- CLARKE, A. Campbell, M.B. Glasgow. Experimental Dietetics in Lunacy Practice. A Record of Investigation and Results.
 GILL, Stanley A., Esq., B.A. The Use and Abuse of Seclusion.
 SAVAOG, G. H., M.D. On Alternations of Neuroses.
 SHUTTLWORTH, G. E., M.D. The Relation of Marriages of Consanguinity to Mental Unsoundness.
 THOMSON, D. G., M.D. On the Separate Care and Medical Treatment of Recent Cases of Insanity, either in Existing Asylums, or in Lunatic Hospitals to be Established for that Special Purpose.
 TUKE, D. Hack, M.D. On the Alleged Increase of Insanity.

The President will introduce a discussion as to How the Medical Spirit can best be kept up in Asylums for the Insane.

Discussions will also be invited upon Degradation of Habits and Feelings in Relationship to Mental Disease, and other subjects. The Secretaries will be glad to receive communications from members willing to read papers or to take part in the discussions.

SECTION F.—PATHOLOGY.

The following subjects have been chosen for special discussion.

1. Peripheral Neuritis. Opened by papers by Dr. Ross (Manchester),

and Dr. Buzzard (London). Mr. Watson Cheyne, Professor Charcot, Drs. Clifford Allbutt, Hadden, Poore, Drummond, Saundby, Maguire, and Whittle, will take part in the discussion.

2. Aneurysm. Introductory paper by Timothy Holmes, F.R.C.S. Messrs. Barwell, Bryant, Savory, H. Morris, C. J. Symonds, Watson Cheyne, R. Maguire, and E. Lund, will take part in the discussion.

3. The Etiology and Pathology of Pneumonia. Introductory papers by Dr. Octavius Sturges and Dr. R. Douglas Powell. Dr. Churton, Dr. R. Maguire, Sir Andrew Clark, Dr. Duckworth, and Dr. Hollis will take part in the discussion.

Dr. Heneage Gibbs will show, in the Museum in connection with the Pathological Section, a series of Microscopical Specimens of Carcinoma and Sarcoma, also a number of Photographs of Normal and Morbid Histology and Bacterium, and Photographs showing Diseased Conditions, life size.

The following papers are promised.

- ASABY, —, M.D. The Pathology of Nephritis following Scarlet Fever.
 BARWELL, R., Esq. On Aneurysm.
 CHEYNE, Watson, M.B. On Cholera.
 CHURTON, T., M.D. The Pathology of the Adrenals.
 CROCKER, Radcliffe, Esq. The Anatomy of the Early Stage of Keloid, and will show drawings of different types of Leprosy.
 GLYNN, T. R., M.B. (Liverpool). Six Cases of Ulcerative Endocarditis.
 GREVES, E. Hyla, M.D., Liverpool, will show a Rare Form of Cerebral Tumour, and give an account of the same.
 HOLLIS, W. A., M.D. Pulmonary Tuberculosis, associated with Heart-Disease.
 MAGUIRE, Robert, M.D. On Albuminuria in Diabetes.
 RAKE, B. N., M.D., (Government Medical Officer, Trinidad). 1. An Inquiry into the Distribution of the Leprosy Bacillus. 2. Experiments on the Communicability of Leprosy to Animals.
 SYMONDS, C. J., Esq. The Formation of Aneurysms in Acute Arteritis.
 YOUNG, Professor A. N., Manchester. On Traumatic Malignancy.

SECTION G.—THERAPEUTICS AND PHARMACOLOGY.

An Introductory Presidential Address will be given by Dr. T. Lauder Brunton, F.R.S.

The following subjects have been selected for special discussions.

1. Antipyretics; to be opened by Dr. Carter, of Liverpool.
2. Analgesics; to be opened by Dr. Spender, of Bath; Dr. Brown Sequard will join in the discussion.
3. Action of Drugs in Albuminuria; to be opened by Dr. Saundby, of Birmingham.

The following papers are promised.

- BRUCE, Mitchell, M.D. Morphine in Diabetes.
 DRYSDALE, Charles R., M.D. Mercury as an Antidote in Syphilis.
 GRANVILLE, Mortimer, M.D. The Relief of Pain by Mechanical Vibration or Percussion.
 HANDFORD, H., M.D., Nottingham. The Pathology of a rare form of Skin-disease affecting the Sebaceous Follicles.
 JAMES, Prosser, M.D. On Local Anæsthetics.
 JESSOP, W. H., M.B. On the Therapeutic Effects of Cocaine in Ophthalmic Practice.
 LIEBREICH, Professor (Berlin). Lanolin: a new Fatty Substance; its Physical Properties and Therapeutical Uses.
 MACKEY, E., M.D. Resorcin in Gastric and Cutaneous Disorders.
 MACKENZIE, Stephen, M.D. On the Value of Cannabis Indica in a Certain Class of Headaches.
 SHOENAKER, John, M.D. (of Philadelphia). Hamamelis Virginica.
 ST. GEORGE, George, Esq., Lisburn. Experiments with Manaca in the Treatment of Rheumatism.
 STONE, W. H., M.D., will show the apparatus exhibited by him on the occasion of his Lumen lectures.
 STRAHAN, J., M.D. An Unrecorded Danger from Continued Large Doses of Iron.

SECTION H.—OPHTHALMOLOGY.

Mr. Jonathan Hutchinson will open a discussion on the Different Forms of Choroiditis, in relation to their several Causes.

Mr. Anderson Critchett will open a discussion on Episcleritis.

An improved Electric Refraction Ophthalmoscope will be shown by Mr. Henry Juler.

The following papers are promised.

- ABBOTT, G., Esq. The Use of Styles in the Treatment of Epiphora.
 ANDREW, Edwin, M.D. Ophthalmic Hints.
 BARRETT, J. W., Esq., and LANO, W., Esq. On the Causation of Phlyctenula, Ophthalmia and Syosis.
 BROWN, Edgar, Esq.
 CRITCHETT, G. Anderson, Esq. On Dislocation of the Lens.
 FROST, W. Adams, Esq. What is the best Method of Dealing with a Lost Eye?
 GLASCOTT, C. E., M.D. On Sarcoma of the Choroid, followed by Amblyopic Symptoms in the Sound Eye.
 GREENWAY, Henry, Esq. Use of Ice and Carbolic Acid in the Treatment of Injuries and Inflammation of the Eyes and Eyelids.
 HARTRIDGE, Gustavus, Esq. Strabismus and its Treatment in Young Children.
 HEWETSON, H. B., Esq. The Treatment of Interstitial Keratitis by Operation, without Constitutional Remedies.
 HIGGINS, Charles, Esq.
 JOHNSON, L. L., Esq. Paper, and Demonstration of several new Ophthalmic Instruments.
 LEE, Charles T., Esq. The Extraction of Soft Cataract by Irrigation.
 SNELL, Simeon, Esq. Paper.
 TAYLOR, Charles Bell, M.D. 1. Is it Desirable, in Certain Cases, to Substitute Resection of the Optic Nerve for Ablation of the Eye-ball? 2. On a Method of Treating Epiphora without Slitting the Punctum Lacrymale.

A limited number of beds in the Sussex Eye Hospital, Brighton, will be devoted to the reception of cases of interest to be shown at the meetings of the Ophthalmological Section of the British Medical Association at Brighton. Gentlemen wishing to secure beds for such cases are requested to apply, as soon as possible, to Mr. Arthur Nicholson, 98, Montpellier Road, Honorary Secretary of the Section.

SECTION I.—OTOLOGY.

The following papers are promised.

- BABER, E. C., Esq. On Examination of the Nasal Cavities from the Front (illustrated with Diagrams).
 BARR, T., M.D. 1. On the Varieties, with Appearance, of the Tympanic Membrane compatible with Good Hearing. 2. On the Value of Rinne's Test, in the Diagnosis of Disease of the Nervous Structures of the Ear.
 CUMBERBATCH, A. E., M.B. Aural Vertigo.
 DELSTANCHE, Dr. C., Brussels. 1. Case of a Revolver-Bullet in the Ear. 2. Foreign Bodies in the Substance of the Lobule. (In French.)
 ELLIS, Richard, Esq. Labyrinthine Hæmorrhage, with Exhibition of Patient.
 MACDONALD, Greville, M.D. The Functions of the Nose in Health and Disease.
 PRITCHARD, Urban, M.D. Counter-irritation in the Treatment of Ear-disease.
 SYMINGTON, J., M.B., Edinburgh. The Anatomy of the Ear in the Child.
 WOAKES, E., M.D. Diagrammatic Scheme, showing relations between Aural and Nasal Diseases.
 WOLSTON, Walter, M.D. Nasal Polypi, their Radical Extirpation and Cure by Electro-cautery, with illustrative cases.

Discussion to be opened by Spencer Watson, Esq.: On the Complications of Nasal Polypi.

Members desirous of reading papers are particularly requested to communicate without delay, with the Secretaries of Sections, that the arrangements may be as complete as possible prior to the meeting.

ANNUAL MUSEUM.

THE twentieth annual museum will, by permission of the Town Council, be located in the Corn Exchange, a large hall, communicating with the Dome, and having a separate entrance in Church Road.

It will be open to the profession from August 9th to August 15th, and will be classified in three sections.

SECTION A.—Foods, drugs, hygienic and sanitary appliances. A specialty will be made of all kinds of prepared, peptonised, and other compound nutrients. (Honorary Secretary, Dr. Mackey, 1, Brunswick Road, Hove, Brighton.)

SECTION B.—New books, instruments, and appliances—medical and surgical; galvanic and other batteries and apparatus. (Honorary Secretary, Dr. Whittle, 65, Dyke Road, Brighton.)

SECTION C.—Anatomical and pathological specimens, diagrams, casts, or models; microscopes and microscopical preparations. (Honorary Secretary, D. W. Giffard, Esq., 5, Pavilion Parade, Old Steine, Brighton.)

A name and description, printed, if possible, must be attached to each exhibit, which should be sent to the Corn Exchange, Brighton (to the care of the Secretaries of the respective sections), between Monday, August 2nd, and Saturday, August 7th. Ample counter space will be provided, and, so far as possible, equal facilities will be given to every exhibitor.

A description, for insertion in the Museum Catalogue, should be forwarded to the private address of the respective Secretaries, at least one month before the meeting, that is, by July 10th.

TO EXHIBITORS.—The expenses of carriage and of removal to be borne by the exhibitor. The Committee will exercise every reasonable care as to objects entrusted to them, but will not be responsible for risk or accident.

NOTICES OF MOTION.

Dr. WARD COUSINS hereby gives notice that he will move the following addition to, and alteration of, the By-laws; namely,

Page 17, By-laws. Addition to "d," second line, after the word "member," add "of a Branch within the limits of the United Kingdom of Great Britain and Ireland."

Addition to "d."—"No person shall be eligible as a representative member of a Colonial or Indian Branch unless, at the time of his election, he shall be a recognised member of the Branch, and shall have resided within the area of the Branch for at least twelve months prior to his election. The election of Colonial and Indian members of the Council shall be annual, and shall be subject to the same by-laws as the election of other representative members."

Mr. John Dix hereby gives notice that, at the Annual Meeting, he intends to submit a proposition not involving an alteration of a By-law on the subject of the payment of travelling expenses of the Representatives of Branches to the meetings of the Council.

A motion will be introduced by the Shropshire and Mid-Wales Branch on the subject of State Honours to the Medical Profession.

May 6th, 1886.

FRANCIS FOWKE, General Secretary.

THE attendance of all members of the Association interested in the question of the formation of a Medical Defence Association, in con-

nection with the British Medical Association, is requested at a meeting to be held at Brighton during the meeting of the Association in August; the place, day, and hour of meeting, will be announced in the daily journal.

On behalf of the Council of the Lancashire and Cheshire Branch, CHARLES E. GLASCOTT, Honorary Secretary.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

A Fungus developed in the Human Saliva.—Bacteria as Factors in the Formation of Foreign Bodies and Calculi.—Arloing's Apparatus for measuring the total quantity of Carbonic Acid exhaled by Small Animals.—The Influence of Drugs on Nurslings when administered to their Nurses.—A New Antiseptic Stockpot.

M. GALIPPE made known the following facts at a recent meeting of the Paris Academy of Medicine. After having purified saliva by means of Pasteur's filter, M. Galippe observed, at the lower extremity of the filter, which was not in contact with the fluid, a fungus composed of tubes and spores of mycelium. Following the advice of Professor Cornu, M. Galippe cultivated this fungus in the cells of Van Tieghem, and observed that the fungus was neither an *Aspergillus* nor a *Penicillium*. This fungus, which had neither been described nor represented, belongs to the Monilia family. M. Galippe proposed to give it the name of *Monilia sputicola*. M. Charcot repeated these statements at the Academy of Sciences, in the name of M. Galippe.

At the Paris Biological Society, M. Galippe stated that he had examined synovial vegetations removed from a knee. He observed bacteria in them the same as he had in vesical calculi. He had succeeded in isolating and cultivating them. This investigator was, therefore, confirmed in his belief that crystallisations occurring in the human economy were developed through the agency of germs, which were, therefore, pathogenic parasites of the foreign bodies of the animal economy, whatever might be the chemical composition of these bodies, and wherever they might be found.

It is often necessary to determine what are the modifications which the combustion of carbon undergoes in healthy and unhealthy animals. These modifications can only be studied by means of a prolonged observation, in order to be perfectly certain that no momentary disturbance takes place in consequence of manipulation, or in arranging the instrument. It is, therefore, essential that the animal be shut up in a closed area, where it can breathe in a normal manner. M. Arloing's apparatus consists of two sections: one is composed of the breathing chamber, and the apparatus necessary for supplying it with a given volume of air free from carbonic acid, submitted to a pressure equal to the atmosphere; the other is a combination of different apparatus, which extract a certain quantity of the air exhaled from the total mass, and pass it through tubes containing potash, for the absorption of the carbonic acid which it contains.

Fehling has recently, by experiment, studied the effects on nurslings of certain drugs given to the women who suckled them. When doses varying from two to three grammes of salicylate of soda were administered to the nurse, every time that a child was suckled within an hour after the administration of the dose the salicylate appeared in its urine. After an interval of twenty-four hours there remained no trace of the drug. When the child was suckled too soon after the medicine had been taken, the salicylate could not be found in its urine. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analysed, gave the characteristic reaction. In the infant, elimination lasted seventy-two hours, in the mother forty-four. After twenty-four hours, the milk still contained iodide of potassium. With ferrocyanide of potassium, reaction was very pronounced in the maternal urine, but absent in the child's. Prolonged applications of iodoform upon vaginal and vulvar wounds of women in parturition, after prolonged use, generally resulted in iodine being found in the milk and urine of the mother, but not always in the urine of the infant. The child was never indisposed, even when iodoform was used to dry up the umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant. It appeared that the food of wet nurses—even acid fruit-juices and vinegar—had no influence on their nurslings. Thornhill had stated that he observed prolonged sleep occur to children after administering to their wet nurse such nar-

cotics as tincture of opium in doses of from 20 to 25 drops. Fehling observed neither prolonged sleep nor constipation in the children. Hydrochlorate of morphine or chloral, in tolerably strong doses, did not affect the sucklings.

Subcutaneous injections of moderately strong solutions of sulphate of atropine produced very pronounced symptoms in the mother, and dilatation of the pupil in the infant, which disappeared in twenty-four hours. This substance should, therefore, be employed in very feeble doses. In a very great majority of cases, the milk of a woman attacked with fever had no influence upon the nursing. In those rare cases, when the temperature reaches 104°, the variations in the child's temperature were identical with those of the mother. In some instances, children had died of intestinal catarrh, where the mother's milk could be the only cause of the affection. Bumm has observed, in a case of inflamed breast, the passage of the micrococcus from the milk into the digestive apparatus of the child.

M. Schribaux, director of the laboratory for the trial of seeds at the National Agricultural Institute, has invented an antiseptic *marmite*, or stockpot, which he exhibited at the late session of the French Agricultural Society. This plan, based upon M. Pasteur's ideas concerning the propagation of ferments, is arranged so as to prevent the fermentation of fluids that are capable of becoming putrescent. The fluid to be preserved is enclosed in the *marmite* after having been boiled; M. Schribaux has been able to preserve meat-soup in it for nearly a month. The glass retorts in which M. Pasteur preserves liquid during an indefinite time without their altering, are not entirely closed, and have a canal of communication between the outer air and the substance enclosed in them. The neck of these retorts is terminated by a tube, which is open at the extremity, through which the air can penetrate freely; but this tube has a tortuous form, with notches arranged, so as to prevent any particles of dust being brought in with the air, the dust being caught on the notches which it encounters. The last process consists in boiling the liquid in the retort, so as to fill the tube with the vapour of the contents, and thus kill any germs which might be enclosed; the exterior air re-enters gradually as the vapour condenses, but the passage of the grains of dust is arrested as before explained, and therefore fermentation is prevented. The currents of air which are possible in consequence of the changes of atmospheric pressure are barely perceptible in the interior of the retort, and cannot introduce any new ferment. M. Schribaux's invention is composed of a cylindrical vessel of stone or metal, where, instead of a draining-out tube, the rim or edge is constructed on the same principle as the outlet of M. Pasteur's retort. The exterior air, by this arrangement, cannot penetrate into the pan covered with its lid, except by following the waving outlines formed by the apposed edges of the pot and its lid, and thus leaves in its passage, as in the case of the glass retorts, all the ferments which might accompany it. It is possible thus to keep in their normal condition various fluids and articles of food, which are capable of being boiled, without undergoing any alteration. These substances are preserved in the same vessel in which they are boiled. This preliminary operation is necessary in order to purify the volume of air which should rest in permanent connection with the fluid to be preserved. M. Schribaux has succeeded in preserving for a very long time fluids eminently capable of becoming putrescent, and has thus realised a very interesting application of the theory of ferments. His *marmite* will most likely render signal service in domestic economy, notably when it is necessary to preserve soup or other eatables for some time.

CORRESPONDENCE.

TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication; and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early publication. We are compelled to return, and hold over a great number of communications, chiefly by reason of their unnecessary length.

GENERAL COUNCIL: DIRECT REPRESENTATIVES OF THE PROFESSION.

SIR,—In the annotation on the above subject in the JOURNAL of July 10th, it is stated that the election of the (direct) "representatives" will probably not take place before next January. Clause 8 (8) of the Medical Act, 1886, requires that the first election of representatives of the profession shall be completed by the 30th of November next. The presumption, of course, is that the "regulations to be made by the Privy Council" respecting the conduct of such election

[Clause 8 (4)] will be framed and published prior to the month of November.

While taking a certain amount of interest in this matter, by reason of the fact that, from many different quarters, I have received invitations to allow myself to be put in nomination as a candidate, I quite agree with your remark that the formal announcement at the present moment of any candidate is premature.—I am, sir, yours, etc.,

BERNARD O'CONNOR, M.D.

* * The Act directs that the returning officer shall issue his precept, not later than the week ending November 15th, to the Branch Councils, requiring the Councils to cause the proper number of representatives to be elected. The elections must be held within twenty-one days after the receipt of the precept. The elections, therefore, must be completed by December 6th; but, if the Privy Council appoint an earlier date for the issue of the precepts, the elections may be complete earlier. The elected representatives do not in any case come into office before January 1st, 1887; so that, as the regulations to be drafted by the Privy Council involve details of a somewhat complicated nature, there is no reason to suppose that the elections will be held much before the termination of the statutory period.

CONSULTANTS AND PRACTITIONERS.

SIR,—Who will not desire to be a general practitioner, when he will be able to go to bed every night with the knowledge that his valuable patients are all effectually sealed to him, so that, without their permission and intervention, the patient can never hope for a better opinion, not even from another general practitioner round the corner? Instead of dealing with generalities, those who impeach consultants would do better to state model cases of misconduct on their part, and then to give the reasons for their disapproval of such conduct.

I believe that general practitioners complain mostly of those who, like myself, are credited with a wonderful power of curing diseases of women, and I will relate some of the instances in which we are pretty sure to be abused, although we think we do right, premising that I have only in view cases of chronic inflammation of the sexual organs, which owe their distressing persistence to bad constitution and bad treatment.

A general practitioner has had one of these cases in hand for a year or more; he notices signs of dissatisfaction, so he proposes a consultation, and brings me the patient. I do my best to strengthen his position with his client, and to teach him what he may not know. They return a month or so afterwards, the patient about the same or worse. In a few weeks, the patient returns, this time alone or with a friend. She tells me she has lost all faith in Mr. X. for the treatment of internal disease; that he always hurts her when he makes an examination; that she cannot afford to fee two doctors, and she wants me to attend her. After a long discussion, I offer to do so, if she brings me a letter from the general practitioner asking me to attend her. I see nothing more of the patient, who goes to some other consultant; but the general practitioner couples my name with consultations dangerous. If a patient comes to me alone, and I find out that she is being treated by a general practitioner, I can only, of course, attend her in conjunction with him; but what if the patient has tried the general practitioner for a long time, and found him wanting? Occasionally a patient tells me she has been, off and on, under Mr. X. for internal disease for over two years without getting well; that she has lost faith in him, and will not see him in consultation with me; that she has settled with him, and has not seen him for many months. She sometimes adds that it is not only the man she objects to, but the system—a system entailing too frequent visits, and their annoying uncertainty, so that she never knows that she can call a day her own.

I do not admit that the general practitioner has a vested interest in such a patient. She has given him a long trial, and, having found him wanting, she has a right to try another practitioner and another system, and I forthwith accept her as a patient. When, however, the general practitioner hears that I am attending his old patient, he may take a different view of my conduct; if so, let him plainly say what I ought to have done. There are still many country practitioners who are at a loss how to treat chronic inflammation of the sexual organs in women of bad constitution, and, when one of them has attended such a case for a year or two, with little or no improvement, he at last perceives unmistakable signs of family rebellion arising against him. He sees distinctly that if he does not soon send his patient to some great man in town, she will transfer herself to some rival general practitioner in the neighbourhood. This would be followed by the discussion of so interesting a bit of news at all tea-tables within a